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National Institute of Mental Health

Information About D/ART and Depressive Disorders

Depression: Define it. Defeat it.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Alcohol, Drug Abuse, and Mental Health Administration

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**DEPRESSION/AWARENESS, RECOGNITION, AND TREATMENT
(D/ART) PROGRAM**

INFORMATION ABOUT D/ART AND DEPRESSIVE DISORDERS

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20987**

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This booklet provides accurate information about the Depression/Awareness, Recognition, and Treatment (D/ART) Program and answers questions about depressive disorders.

I. THE D/ART PROGRAM

1. QUESTION: What is the D/ART Program?

ANSWER: D/ART (Depression/Awareness, Recognition, and Treatment) is a national program to educate the public, primary care physicians, and mental health specialists about depressive disorders--their symptoms, diagnosis, and treatments. D/ART is sponsored by the National Institute of Mental Health (NIMH) in collaboration with the private sector to benefit the mental health of the American public.

2. QUESTION: What is the D/ART Public Education Campaign?

ANSWER: As one component of the D/ART Program, the public education campaign "Depression: Define it. Defeat it." seeks to reach the nearly ten million people who will suffer an episode of depression in the coming six months; their family members, friends, employers, and colleagues; and the majority of Americans who do not yet know that depression is a treatable disorder.

3. QUESTION: Who are the participants?

ANSWER: The challenge of the D/ART Program is to forge a new partnership between public and private sector organizations. The scientific leadership and expertise of the NIMH is being linked with the resources, knowledge, and contacts of interested public and private organizations, agencies, and firms--employers, unions, and insurance companies, as well as professional organizations, foundations, health education groups, and the media. All are joined in the common purpose of improving the early identification and treatment of depression to prevent needless suffering.

4. QUESTION: What is the rationale for the development of D/ART?

ANSWER: About one in 20 Americans now suffers from a depressive disorder, yet more than half of the public view depression as a personal weakness or a failure of will rather than as a major public health problem. Many health care professionals do not recognize depression in their patients or fail to treat it appropriately. Clearly, an educational effort is needed on many fronts.

5. QUESTION: Why was it initiated now?

ANSWER: The D/ART Program was initiated now because for the first time we have important findings from a recent major NIMH survey about both the prevalence and the many untreated cases of depressive disorders. We also have a large body of research supporting the effectiveness of drug and psychological treatments for depressive

disorders. But in spite of the availability of effective treatments, most people are inadequately treated for depression or receive no treatment at all.

6. QUESTION: What are the D/ART Program's messages?

ANSWER: There are three basic messages that the D/ART Program conveys:

- Clinical depression is a common illness that usually is unrecognized. When identified, it can be treated.
- There are effective medications and psychological treatments which often are used in combination.
- The large majority of clinical depressions, including the most serious, improve with treatment usually in a matter of weeks.

7. QUESTION: What kinds of professional and public educational materials are available?

ANSWER: For mental health professionals, the NIMH has developed a training framework on the diagnosis and treatment of depressive disorders.

A variety of materials, including television, radio, and print public service announcements (PSAs); booklets; flyers; fact sheets; and posters, has been designed for the general population. These materials are in the public domain, and organizations are encouraged to reprint and distribute D/ART materials. For a complete list, see Section VII, D/ART Educational Materials, page 14.

8. QUESTION: How can I get more information?

ANSWER:

For more information about depression, write:

D/ART Public Inquiries
National Institute of Mental Health
5600 Fishers Lane
Room 15C-05
Rockville, MD 20857

For more information about the D/ART Program, write:

D/ART Program
National Institute of Mental Health
5600 Fishers Lane
Room 14C-02
Rockville, MD 20857

9. QUESTION: How is D/ART involving local communities in the national campaign?

ANSWER: A Community Partnership Program was established to implement State and local D/ART public education campaigns. These organized networks of public and private consumer, community, governmental, professional, and business groups are coordinating public and professional educational programs, community outreach activities, and media campaigns tailored to their respective areas. At the time of the campaign launch in May 1988, Community Partners were active in 15 States, with additional sites being developed.

10. QUESTION: How is the D/ART Program addressing professional education?

ANSWER: The D/ART Program uses a variety of approaches to promote training of mental health and other health care professionals:

- Training grants to universities and medical schools--seven grants have been awarded;
- Continuing education at professional association meetings;
- Seminars and courses provided by NIMH staff and consultants;
- Collaboration with professional organizations; and
- Consultation with universities to incorporate the newest knowledge about depression into curricula.

II. DEPRESSIVE DISORDERS

1. QUESTION: What is clinical depression?

ANSWER: Everyone gets the blues or feels sad from time to time. These feelings are an unavoidable part of the human experience. Although the boundaries are not clear, there is a point at which a combination of the intensity and duration of emotion and symptoms indicates that depression has ceased to be a temporary mood and has become a clinical state.

2. QUESTION: Is there more than one type of depression?

ANSWER: Yes. Depressive disorders come in various forms.

- Some people have one episode in a lifetime; others, recurrent episodes.
- Some people's symptoms are so severe that they are unable to function at all.
- Other people have ongoing, chronic, milder symptoms.
- Some people have bipolar disorder, experiencing cycles of terrible "lows" and inappropriate "highs."

3. QUESTION: What are the social costs of depression?

ANSWER: The impact of depression affects far more than just the individual involved. Clinical depression can lead to a host of related problems: on the emotional level--grief and pain; on the social level--family conflict, antisocial behavior; on the physical level--illness and even death. Researchers are observing the effects that depressed parents have on their children and the role of depression in divorce. But research may never be able to capture the complexities in an individual's life as the result of one or more episodes of clinical depression or a series of them: potentials never developed, roads not taken, love lost, jobs lost, relationships ended. Multiplied by millions, the cumulative result of the disruptions caused by depression is indeed beyond measurement.

4. QUESTION: What are the economic costs of depression?

ANSWER: Current knowledge suggests that depression costs the nation more than \$16 billion annually, of which more than \$10 billion is due to time lost from work. A significant percentage of drug abuse and alcoholism is caused by or related to depression, so the true costs of absenteeism are actually much higher. Reduced productivity and the loss of unpaid services from homemakers and community volunteers also raise the toll. More difficult to calculate are present and future losses incurred by depressed youth; for example, resultant school problems can lead to changes in career and job choices or loss of potential.

5. QUESTION: Who gets depressed?

ANSWER: Depression is common to all age groups and to all racial and ethnic groups. It affects rich and poor, old and young--the college professor, business executive, data processor, and auto mechanic alike. Yet some groups seem to be more affected than others:

- In general, clinical depression is twice as common in women as in men. During any six-month period, approximately 6.6 percent of women and 3.5 percent of men will have a depressive disorder.
- Rates are highest for adults between the ages of 25 and 44.

6. QUESTION: Do we know what causes depression?

ANSWER: As with hypertension, heart disease, diabetes, and cancer, we do not yet know all the causes of depression. Biological and psychosocial factors may predispose an individual to depressive disorders. Research continues to explore the interaction between an underlying biological vulnerability and environmental conditions, such as stress, or other "risk factors." However, many depressive episodes appear spontaneously and are not associated with any life event, physical illness, or other risk factor. Depression has been associated with:

■ **Genetics and Family History.**

In the past 10 years, compelling evidence has established that depressive disorders run in families. Rates of depression are consistently higher among children of depressed parents than among the general population. Research on the genetic basis of depressive disorders continues in the hope of unlocking more information about the biological bases of depression.

■ **Other Physical Illnesses and Conditions.**

Sometimes the onset of a depressive disorder is associated with acute or chronic physical illnesses. Depression may also be associated with abnormal hormonal functioning or with certain medications, such as antihypertensive drugs. Research related to the biology of depression is continuing.

■ **Life Events.**

Negative life events, such as the loss of a loved one, divorce, a move, a major financial upheaval, or other loss may be associated with the onset of a depressive disorder.

■ **Psychology.**

Certain personality traits--particularly undue dependence and low self-esteem--may be associated with a vulnerability to depression. These traits may also affect the symptoms or severity of a depressive episode. Certain behavior patterns may also

contribute. People who see the world as cruel and unsupportive, themselves as unworthy, and the future as hopeless are particularly depression-prone. It appears that this kind of thinking may develop in childhood or adolescence.

■ **Demographic influences.**

Sex -- Women have more depressive symptoms than men by a ratio of two to one.

Age -- A high proportion of people under age 40 are depressed. Bipolar disorder usually appears during the early 20's. Other forms tend to begin in the middle to late 30's but can begin at any age.

Marital Status -- Married people and others in ongoing intimate relationships have a somewhat lower rate of clinical depression than do those living alone.

Divorced people have the highest rate of depressive symptoms, while married men have the lowest rates.

7. QUESTION: What are the outcomes of depression?

ANSWER: The outcomes depend on the individual, the kind of depression, and whether or not treatment is obtained, but some general statements can be made:

- When left untreated, serious depressive episodes generally last for many months, some for more than a year. Some of the less serious depressions can go on indefinitely--that is, they become chronic. As long as depression persists, nothing even approaching a normal life is possible.
- Depression can be effectively treated. More than 80 percent of people with serious depression--even those with the most severe disorders--can be helped, some within a matter of weeks. Treatments can reduce both the length and the severity of depressive episodes.
- Depressive disorders tend to recur. However, treatment can help prevent recurrences or at least lessen the severity and duration of episodes. People with recurrent bipolar disorders generally need ongoing treatment with medication. With treatment, the majority of patients can lead essentially normal lives.
- Depression can lead to suicide. If not properly treated, up to 15 percent of those hospitalized for severe clinical depression may eventually commit suicide. Men are two to three times more likely than women to actually kill themselves, although women attempt suicide more often than do men.

8. QUESTION: Can depression be prevented?

ANSWER: Research is continuing to try to prevent or at least postpone the first onset of a depressive disorder, but we do not yet know whether this will be possible.

However, we do know that with adequate treatment, future episodes can be prevented or markedly reduced in severity.

III. SYMPTOMS OF DEPRESSIVE DISORDERS

1. QUESTION: What are the symptoms of depression?

ANSWER: Symptoms of depression include any or several of the following:

- Persistent sad, "empty," or anxious mood;
- Loss of interest or pleasure in ordinary activities, including sex;
- Decreased energy, fatigue, being "slowed down";
- Sleep disturbances (insomnia, early-morning waking, or oversleeping);
- Eating disturbances (loss of appetite and weight, or weight gain);
- Difficulty concentrating, remembering, making decisions;
- Feelings of hopelessness, pessimism;
- Feelings of guilt, worthlessness, helplessness;
- Thoughts of death or suicide; suicide attempts;
- Irritability;
- Excessive crying;
- Chronic aches and pains that don't respond to treatment.

When four or more of these symptoms persist for more than two weeks or are causing impairment in ordinary functioning, professional treatment, including a medical evaluation, should be sought.

2. QUESTION: What are the symptoms of mania?

ANSWER: In this condition, symptoms may range from moderate to severe. With moderate symptoms, only people close to the individual may recognize the behavior as excessive or unusual. Symptoms of a manic episode might include any of the following:

- Inappropriate elation or irritability;
- Decreased need for sleep;
- Increased energy;
- Increased talking, moving, and sexual activity;
- Racing thoughts;
- Disturbed ability to make decisions;
- Grandiose notions.

3. QUESTION: Why do symptoms often go unheeded?

ANSWER: Knowledge of depression and its symptoms plays an important role in whether or not symptoms are recognized. Too many people, including health professionals, simply do not equate the signs of depression with the disorder. Many people who should be receiving treatment for depression are being treated for physical problems. Other individuals may know that they are depressed but be unaware that effective forms of treatment are available. Still others may mistakenly attribute symptoms of depression to laziness or lack of will power.

Attitudes also play a powerful role in determining whether or not symptoms of depression are heeded. Many people believe depression is nothing more than a failure of will or a personal weakness. The attitudes of others may also make it difficult for an individual to acknowledge symptoms of depression for what they are.

Sometimes the depression itself robs its victims of the energy and ability to seek help. When that happens, sufferers may need to have a friend or relative assist them in finding and getting appropriate treatment.

IV. TREATMENT FOR DEPRESSION

1. QUESTION: Can depression be treated successfully?

ANSWER: Yes. Effective treatments are available now. They will not work for everybody, but for more than 80 percent of individuals suffering from depression, they will bring relief and a return to normal participation in daily activities and enjoyments.

2. QUESTION: How is depression treated?

ANSWER: There are three major treatments for clinical depression. They are psychotherapy, pharmacotherapy, and, in some circumstances, biological treatments, which include electroconvulsive treatment (ECT) and light therapy.

- A number of short-term psychotherapies designed to treat clinical depression have been developed in recent years. Psychotherapies involve the presence of a therapist as an interested but objective person and the use of talking to define and resolve problems. These short-term treatments usually work in a few months. They aim at improving personal and social functioning. They are generally used in mild to moderate depressions.
- The development over the past 20 years of antidepressant and mood-stabilizing drugs has revolutionized the treatment of clinical depression, particularly for those with the more serious and more recurrent forms of the disorder. People with severe depressions respond more rapidly to treatment with medications.
Three major types of drug treatment or pharmacotherapy are used to treat depressive disorders: tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs), and lithium. All three alter the action and distribution of brain chemicals. They tend to bring mood, appetite, energy level, outlook, sleep patterns, and concentration back to normal.
- Drug therapy and psychotherapy sometimes are used in combination.
- ECT may also be a very effective treatment for the most severe depressions.
- Phototherapy, the use of certain fluorescent lights, has significant antidepressant effects for some people who have recurrent depressions in the winter months.

3. QUESTION: Who can provide help for depression?

ANSWER: Referral and treatment for depression are available from many community resources.

- Family physicians, clinics, and health maintenance organizations can provide referrals to mental health specialists. Some primary care physicians can and do treat depressive disorders.

- Many private specialists--psychiatrists, psychologists, family therapists, and social workers--can provide psychotherapy for depression. Only psychiatrists, as physicians, can prescribe antidepressant drugs, but other therapists often work with physicians to prescribe medications.
- Community mental health centers provide treatment at a cost consistent with the patient's ability to pay.
- Some hospitals and universities have special research centers that study and treat depression.

4. QUESTION: Does it take long for treatment to be effective?

ANSWER: Psychotherapies developed specifically to treat depression usually bring relief within months--often in less time. The antidepressant drugs produce improvements within two to four weeks after the initial dose, and full remission is often achieved within four to six weeks. ECT can reverse depressive symptoms even more rapidly.

V. SUPPORT FOR PEOPLE WITH DEPRESSION

1. QUESTION: How can family and friends help?

ANSWER: Perhaps the most important way family and friends can help is by encouraging the depressed person to get appropriate treatment. The very nature of depression can keep depressed individuals from seeking help for themselves. Family and friends can also provide much-needed support, love, and encouragement. Depression destroys self-esteem and confidence. Family and friends can bolster feelings of self-worth in the following ways:

- Maintain as normal a relationship as possible.
- Point out, without being critical or disapproving, distorted negative thinking.
- Acknowledge that the person is suffering and in pain.
- Smile and encourage honest effort.
- Offer kind words and pay compliments.
- Show that you care, respect, and value the depressed person.

Conversely, it is important that family and friends refrain from being critical, avoid expressing impatience or anger, withhold blaming the depressed person for his or her condition, and avoid saying or doing anything that will exacerbate poor self-image.

2. QUESTION: How can employers help?

ANSWER: Employers can provide information about depression and about local treatment and referral resources. They can make certain that their employee assistance staffs have full knowledge about depression and that their health plans cover the cost of treatment. They can develop a supportive work atmosphere, making clear through employee publications, memos, or other appropriate means that the official company policy treats depression as a public health disorder that is amenable to treatment. When possible, employers and supervisors can support individual employees by establishing flexible work hours, adjusting the work load, and finding other means of assisting them until treatment restores them to their usual level of productivity.

Employers can also join with local coalitions of mental health organizations and professional health organizations to develop community programming for depression education. Information on local contacts is available by writing:

D/ART Program
National Institute of Mental Health
5600 Fishers Lane
Room 14C-02
Rockville, MD 20857

3. QUESTION: Are there any organizations that can help?

ANSWER: The following organizations provide information or mutual support. Obtain information about these groups by looking in the telephone directory for the phone numbers of State and local chapters or affiliates or by contacting the national office:

**National Mental Health
Association**
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7722

**National Alliance for
the Mentally Ill**
1901 N. Fort Myer Dr.
Suite 500
Arlington, VA 22209
(703) 524-7600

**National Depressive and
Manic Depressive Association**
53 West Jackson Blvd.
Room 618
Chicago, IL 60604
(312) 939-2442

VI. THE MEDIA

1. QUESTION: What can the media do?

ANSWER: Media participation will enable a greater number of Americans to recognize the symptoms of depression and to get necessary help for effective treatment. Special programming, panel discussions, news reports, features, and editorials will help support the D/ART national education campaign. In addition, representatives of mental health organizations may approach media with story ideas emphasizing local events and community resources. By creating public awareness of these activities, media can help readers, viewers, or listeners to obtain accurate and up-to-date information about depressive disorders and treatments.

Use this "Information About D/ART and Depressive Disorders" booklet as a reference for developing story ideas. For additional information, contact:

D/ART Program
National Institute of Mental Health
5600 Fishers Lane
Room 14C-02
Rockville, MD 20857

2. QUESTION: What materials and resources are available to the media?

ANSWER: The media are essential to get D/ART campaign messages to the public. The NIMH is ready to provide resource materials for programming and articles that will encourage people to develop realistic optimism about the diagnosis and treatment of depression. See Section VII for a list of D/ART media materials. Other resources include:

- Interviews with depression experts arranged by the NIMH.
- Recommendations regarding radio or television talk show guests.
- A kit of materials suitable for developing television programming.
- News feature articles.
- Radio, TV, and print PSAs.
- Camera-ready copy so that media organizations may reproduce D/ART publications for their audiences; these publications are designed with space for local identification.

VII. D/ART EDUCATIONAL MATERIALS

All publications of the Federal Government are in the public domain, and organizations are encouraged to reprint and distribute materials. When reproducing multiple copies, please inform D/ART so that D/ART can track how materials are being used by national and local intermediaries.

1. PUBLIC EDUCATION MATERIALS

D/ART FACT SHEET* - A 1-page description of the D/ART program that gives information about depressive disorders.

D/ART FOLLETO INFORMATIVO* - Spanish translation of the D/ART Fact Sheet.

D/ART PROGRAM: NATIONAL EDUCATION PROGRAM ON DEPRESSIVE DISORDERS* - A 3-panel flyer that provides basic information about diagnosis and treatment of depression.

HELPFUL FACTS ABOUT DEPRESSIVE DISORDERS - An 8-page booklet about depression and where to get help. Written in simple language.

WHAT TO DO WHEN A FRIEND IS DEPRESSED: A GUIDE FOR TEENAGERS* - A fold-out brochure for teenagers. One side explores facts and myths about depression, discusses symptoms, and gives suggestions on how to respond when a friend seems depressed. The other side is a poster depicting the D/ART campaign logo.

DEPRESSION: WHAT YOU NEED TO KNOW* - A 12-page pamphlet, designed for the newly diagnosed patient, that explains depressive disorders, symptoms of depression and mania, causes, treatments, and antidepressant medications. Useful for distribution by physicians and mental health specialists.

DEPRESSIVE DISORDERS: TREATMENTS BRING NEW HOPE - A 24-page booklet discussing depression: symptoms, types, causes, and treatments; suicide; depression in childhood, adolescent, and elderly populations; guidelines for helping the depressed person; and treatment resources.

INFORMATION ABOUT D/ART AND DEPRESSIVE DISORDERS - A 16-page booklet, in question-and-answer format, that discusses the D/ART campaign and program, depressive disorders, symptoms, and treatment. Designed for members of the community who serve as information resources: for example, program leaders, teachers, talk show hosts, and reporters.

FACTS FOR BUSINESS* - A 1-page fact sheet about the costs of depressive disorders and the importance of appropriate diagnosis and treatment.

INFORMATION CARD/BOOKMARK - Reproducible art for a 3-3/4" x 8" information piece/bookmark that lists symptoms of depression with the phrase, "Effective treatments are available," and indicates where to write for additional information. Useful as an envelope stuffer (with newsletters or paychecks, for example), or for distribution through libraries, clinics, and community organizations.

POSTER - A multicolored poster with a list of symptoms, the statement "Effective treatments are available," and space for local personalization. Available in two sizes: 10" x 12-1/2" and 12-1/2" x 18".

* Fits in a standard business envelope.

Single, courtesy copies of publications may be ordered by title from

D/ART Public Inquiries
5600 Fishers Lane
Room 15C-05
Rockville, MD 20857

2. MEDIA MATERIALS

■ Television

Public Service Announcement (PSA) - 30-second, with 15-second lift. Using three life-size statues of a mature male, a young woman, and an adolescent male, the PSA dramatizes the debilitating effects of depression and the restorative results of treatment.
Storyboard - PSA scenes and script.

■ Radio

Public Service Announcements (PSAs) - 30-second (each). The following television, radio, or movie personalities are featured: Richard Dean Anderson ("MacGyver"); Kim Fields ("Facts of Life"); Gedde Watanabe ("Gung Ho" and "Sixteen Candles"); Casey Kasem ("America's Top 40"); Alfonzo Ribiero ("Silver Spoons"); and Tony Dow ("The New Leave It to Beaver Show").

Spanish PSA - 30-second.

Live Announcer Copy - 30-second.

■ Print

Print "ad" - A black-and-white reproduction of the public education poster that includes a list of symptoms, the statement "Effective treatments are available," and space to indicate local information sources. Repro slicks available in three sizes: 1/4-page, 1/2-page, and page.

3. CAMPAIGN SUPPORT MATERIALS

"HOW-TO" GUIDE - A 26-page guide to planning and conducting a public education campaign.

PROMOTIONAL POSTER - A 34" x 11" poster depicting the public education campaign logo and theme with a list of symptoms, the statement "Effective treatments are available," and D/ART's address for additional information.

BACKGROUND VIDEO - A videotape containing background information on depression and the D/ART campaign.

BUSINESS PRESENTATION WITH SLIDE SET - 12 slides and talking points that describe the national campaign. Designed to introduce D/ART in a community presentation.

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DART PROGRAM

Division of Alcohol, Drug Abuse, and Mental Health